

# **MEDICAL PROFESSIONALISM**

***– Is it at a risk of becoming an  
oxymoron ?***

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# OXYMORON

- A combination of contradictory terms.
- A paradox reduced to two words, to emphasise contrasts, incongruities or hypocrisy.
- i.e. a wise fool. Laughing sadness, honest lawyer, adult male, government organisation.
- And increasingly : medical professionalism

# PROFESSIONALISM

*"It's not the job you do, it's how you do the job."*

"The mark of professional people is that they embody a set of principles. They understand them. They literally stand under them. They are able to remove their own needs and focus their entire attention on what needs to be done, for as long as necessary, doing it for its own sake, not for any other reason."

*M.J. Platt*

"There is a pressing need to shore up and re-furbish professional altruism."

*Lord Phillips*

## Examples of non professional behaviour

- **A young HS, unable to be contacted despite being on acute call. He is found 3.5 hours later in a gym 3.5 kms off-site.**
- **A senior surgeon, when stressed, throws instruments around the theatre and abuses staff.**
- **Just prior to a long weekend 23 junior staff ring in sick.**
- **A prominent member of staff is fired for dealing in class A drugs.**
- **A Junior doctor finishes at 10 p.m., handing over 8 patients to be admitted by the overnight register.**

## INTRODUCTION

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- Definition of professionalism
- History
- Overview
- What has changed?
- How are we doing?
- THE FUTURE

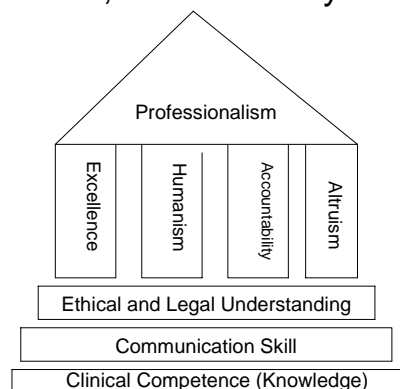
## Definition of Professionalism:

*1912 : Judge Louis Brandeis*

1. A profession is an occupation for which the necessary preliminary training is intellectual in character, involving knowledge and to some extent learning as distinguished from mere skill.
2. It is an occupation which is pursued largely for others and not merely for one's self.
3. It is an occupation in which the amount of financial return is not the accepted measure of success.

## Definition of Professionalism:

Professionalism is demonstrated through a foundation of clinical competence, communication skills and ethical understanding upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability and altruism.



## **HISTORY OF PROFESSIONALISM**

- Profession – bound by an oath
- Hippocratic Oath – 5<sup>th</sup> century BC in Greece.
- Indian, Chinese, Islamic counterparts.
- Thomas Percival – code of medical ethics 1803.
- Major revisions of code throughout 20<sup>th</sup> century.
- Development of charter in USA – 2004.

## **OVERVIEW**

- Doctors are there to serve society, but are held in high regard.
- Doctors' status is declining.
- Doctors are overall trusted and respected.
- Interpersonal skills and communication are very important.
- Regulation is not a major concern, but doctors should have competency and performance checked and kept up to-date.

# What has changed?

## **A. Environment**

- Increasing pressure of governments, corporations, communal groups, and other stakeholders in health.
- With rationing and inequality of access, difficult to achieve patient centred values.
- Considerable and widespread erosion of trust in professional expertise.
- Growth of alternative medicine / practitioners.
- More explicit accountability required.
- Resource limitation and rationing.

## **B. Patients**

- Better educated – internet savvy
- Want to be in control of their own health in many situations
- Unaccepting of unquestioned advocacy
- Expect to be treated with courtesy and respect – complaints more common to HDC
- More money to plan own health needs – 2<sup>nd</sup> opinion

## **C. Doctors**

- Not responding well to assault on attitudes and behaviours
- Difficulty in fragmented medicine, with decline in apprenticeships
- Relentless rising volumes of service demand
- Fears of litigation
- Loss of autonomy
- Reduction in time for reflective practice
- Financial concerns / Balancing lifestyles
- Medicine has become a job, rather than a vocation (not all consuming as in past)
- *Medical Regulation*: Reactive, inward looking, unresponsive concerned with only flagrant abuses of dysfunction
- Clash between Baby Boomer / Generation X

## Differences between old and new professionalism

### **The old professionalism was characterised by:**

- mastery of knowledge
- unilateral decision processes:
  - patient as dependent
  - colleagues as deferential
- autonomy and self-management
- individual accountability
- detachment

### **The new professionalism is characterised by:**

- reflective practice
- interdependent decision processes:
  - patient empowered
  - colleagues engaged as equals
- supported practice – teamwork
- collective learning, responsibility and accountability
- engagement

## How are we doing as Physicians?

***Physicians subordinate their own interests to the interests of others.***

- Best meet needs of patients
- Serve as patients advocate
- Conflicts (i.e. between patients interests and health system) must be dealt with by commonsense – leaning towards patients

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## How are we doing?

***Physicians adhere to high quality and moral standards.***

- Moral values compel ethical and moral standards
- Beneficence and nonmaleficence i.e. do right and avoid doing wrong

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## How are we doing?

***Physicians respond to societal needs, and their behaviour reflects a social contract with the communities served.***

- Civic professionalism stresses the importance of social leadership by professions.
- Knowledge of important determinants that lead to a societies' ill-health.
- Commitment to care for those who cannot pay.

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## How are we doing?

***Physicians evince core humanistic values.***

- Honesty, integrity
- Caring, compassion
- Altruism, empathy
- Respect for others, trustworthiness
- Humanistic values must remain central to professional work

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## How are we doing?

### ***Physicians exercise accountability for themselves and colleagues.***

- Set and enforce standards
- Accountability the key to maintaining autonomy (autonomy is a privilege created by external authorities)
- Professional work is collegial – should not mask ineffective or inappropriate practice.

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## How are we doing?

### ***Physicians demonstrate a continuing commitment to excellence.***

- Competency important for professional quality.
- Based on intellectual work, a specialised body of knowledge and expertise.
- Lifelong learning fundamental to professionalism.

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## How are we doing?

***Physicians exhibit a commitment to scholarship and advancing their field.***

- Share knowledge for the benefit of others, whether patients, other physicians or the community.
- Improve health of individual patients and communities.

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## How are we doing?

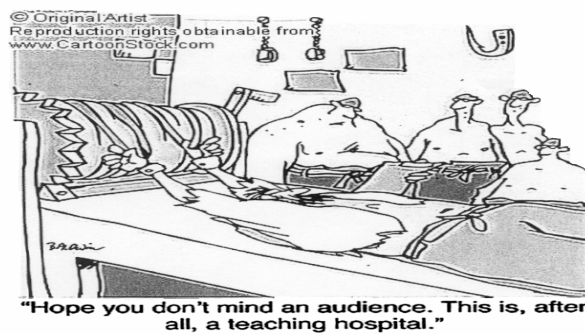
***Physicians reflect on actions and decisions.***

- Balance professional and personal lives.
- Reflection stimulates a commitment to excellence, and enables accountability.
- Ability to reason deductively in solving clinical problems.

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# American Charter of Professionalism

1. Professional competence
2. Honesty with patients
3. Patient confidentiality
4. Maintaining proper relationships with patients
5. Improving quality of care
6. Professional responsibilities
7. Just distribution of finite resources
8. Scientific knowledge
9. Maintaining trust by managing conflict of interest
10. Improving access to care



# The Future...

- Revitalising professionalism – putting the ‘HIP’ back in *HIPPOCRATIC*
- Choose medical students wisely (story)
- Role models must be relevant to change in times
- Rigorous teaching of ‘professionalism’ in medical school
- Careful assessment of professional behaviour (at all levels)
- Refusal to tolerate bad behaviour
- Cultural differences recognised
- Must talk of the wonder, privilege, honour of being someone’s Doctor

## QUOTES

“The new professionalism will depend mostly on the perspectives that doctors bring to their work. Thus professional education and socialisation are crucial to its success. While many educators are making efforts to prepare trainees for their likely futures, many of our most accomplished doctors are still fixed on illusory efforts to recapture the past, making it more difficult for physicians to learn to exercise a new professionalism.”

“In addition to competence in their field, medical professionals need to retain those humanistic qualities, integrity, respect and compassion that constitute the essence of professionalism.”

Vetter 2004